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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/566,927			ing Date 13/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
\boxtimes	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	150		N/A	
\boxtimes	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A	250		N/A	
\boxtimes	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A	100		N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*		X \$ =		OR	X \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*		X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ea additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR								
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(j))								
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	500		TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN R SMALL ENTITY	
AMENDMENT	01/26/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 25	Minus	** 29	= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	* 1	Minus	***10	= 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**	=		X \$ =		OR	X \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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